



## Defense Distribution Depot Susquehanna

Incident Report  
Bldg 911 New Cumberland, PA 17070  
Phone: (717) 770 - 5742

Defense Distribution  
Depot Susquehanna

|   |  |                                |                             |
|---|--|--------------------------------|-----------------------------|
| <b>ORI</b><br>PA0212400   | <b>County</b><br>York  | <b>Venue</b><br>NEW CUMBERLAND | <b>Report #</b><br>18-02028 |
| <b>Report Date / Time</b><br>01/11/2018 07:55 Hrs<br>(US/Eastern) | <b>Occurrence Date / Time</b><br>01/11/2018 07:10 Hrs - 01/11/2018 07:10 Hrs<br>(US/Eastern) |                                | <b>File Class</b>           |

**Nature of Incident:** All Other - Non Reportable

**Supplements:** Approved Report (1)

**Summary:** Collision POV vs DEER

### Incident Location

**Address:** 2001 Mission Drive

**City:** New Cumberland

**County:** York

**State:** Pennsylvania

**ZIP:** 17070

**Country:** United States

**Township of Occurrence:**

**Latitude:** 40.211526

**Longitude:** -76.852989

**Comments:** West bound lane of Mission drive at Bldg. 104

### Officers Involved

| Role      | Name                | Agency                                    | Supp # |
|-----------|---------------------|---|--------|
| Reporting | (b) (6), (b) (7)(C) | Defense Distribution Depot<br>Susquehanna | 0      |

### Incident Organizations

**Victim** Nugate Group Llc

**Address:** 31 2nd Street  
San Jose California 95113

**Lat/Long:** 37.337092/-121.890254

### Incident Vehicles

**Victim** **Supp #:** 0

**Year/Make/Model:** 2008/Ford/ECONOLINE E350

**Type:** Truck/SUV

**Style:** Van or Panel (Includes cu

**Color:** White/White

**VIN:**

**License #/State:** ZLD4227/Pennsylvania

**License Type:**

**Misc Id:**

**Insurance Company:** Trumbull Insurance Agency

**Odometer:**

**Motorcycle CCS:**

**License Month/Year:** 12/2017

**Policy Number:** 57UECEM3160

**Owner:** Nugate Group LLC

**Value:**

**Status:** Damaged/Destroyed/Vandalized(#0)

**Locked:** N

**Keys in Vehicle:** N

**Comments:** Nugate Group LLC Van for contract cleaning service for the installation. Additional insurance info:  
Leavitt Pacific Insurance Brokers, Inc. (408) 288-6262.

**Vehicle Damage:** Damage to left front headlight and grill

**Remarks:** Damage estimate unknown

| Vehicle Role | Total Value | Grand Total of Vehicle Loss: |
|--------------|-------------|------------------------------|
| Victim       | \$ 0.00     |                              |

### Incident Narratives

Title: Original Narrative

Author: (b) (6), (b) (7)

Date / Time: 01/11/2018 08:23 Hrs Supp #: 0

On Thursday, January 11, 2018, I, Officer (b) (6), (b) (7)(C), operating and assigned to (b) (7)(F) duties was dispatched to a report of a collision between a POV and Deer in the vicinity of building 14 at 0708 hours. When I arrived at the scene I had the operator of the vehicle, (b) (6) pull the vehicle from the roadside to the parking lot of building 14. The operator reported that a deer had run out into the roadway in front of his van as he was traveling west on Mission Drive just past building 104. The van sustained damage to the left front headlight and grill assembly. Vehicle damage appeared minor with an unknown estimated dollar amount. The operator is an employee of the contract cleaning company for the installation, while the van is a company vehicle owned by Nugate Group LLC. Officer numbers for the company on the installation are (717) 695-2602 and Cellphone (717) 557-7660. The deer that had been struck was laying in the field adjacent to the roadway and appeared to expire as I initially discussed the events with the operator. Facilities arrived at the scene and removed the deer from the field. The operator reported that he was uninjured and was not seeking medical treatment at the scene. I took a sworn statement from the operator, garnered his license, registration and insurance information while Sergeant (b) (6), (b) (7)(C) took photographs of the damaged vehicle and deceased deer. The operator was notified of his ability to request a copy of the final Police report and was released from the scene. Notification to DLA investigator not required. End of report.

Signed: Officer (b) (6), (b) (7)(C)

Reviewed By: (b) (6), (b) (7)(C)

|  |   |  |
|--|---|--|
| <b>SWORN STATEMENT</b>   | <b>IMPORTANT:</b><br>Read the Privacy Act Statement<br>before completing this form. | REPORT NUMBER  |
| <b>PRIVACY ACT STATEMENT</b><br>1. <b>AUTHORITY:</b> Section 21, Internal Security Act of 1950 ( <i>Public Law 8-831</i> ); DoD Instruction 5200.22, Reporting of Security and Criminal Violations; and Deputy Secretary of Defense Memorandum dated 7 May 1974.<br>2. <b>PURPOSE:</b> Records the sworn statement given by an individual in connection with an incident, accident, or suspected violation under investigation, regardless of the individual's relationship to the investigation.<br>3. <b>ROUTINE USES:</b> Information may be disclosed for those routine uses listed in DLA System Notice S160.50DLA-I as follows: For any of the DLA blanket routine uses set forth at the beginning of DLA's listing of systems of records notices.<br>4. <b>WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:</b> Disclosure is voluntary. However, individuals assigned to or employed by DLA who refuse to make disclosure may be subject to administrative sanctions. |   |  |
| LOCATION<br><i>DLA Susquehanna, Mission Drive</i>  |   | DATE<br><i>1/11/2018</i>                                     |
| TIME<br><i>0710</i>  |   |  |
| LAST NAME, FIRST NAME, MIDDLE NAME<br><i>(b) (6)</i>   |   | PLACE OF BIRTH (City and State or Country)<br><i>(b) (6)</i> |
| DATE OF BIRTH<br><i>(b) (6)</i>  |   |  |
| GRADE/STATUS   | NAME OF ORGANIZATION OR HOME ADDRESS<br><i>NYCATE @ DLA SUSQUEHANNA</i>             |  |
| I, <i>X</i> <i>(b) (6)</i> , want to make the following statement under oath:<br><i>When I Come down in the Corner Bldg #104 The Door <del>Is</del> Come TO The other way and I Not See.</i>   |   |  |
| <div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); width: 200px; height: 100px; background-color: black; color: white; text-align: center; line-height: 100px;">           (b) (6)         </div> </div>  |   |  |
| INITIALS OF PERSON MAKING STATEMENT<br><i>X</i> <i>(b) (6)</i>   |   | PAGE 1 OF <i>2</i> PAGES                                     |

(b) (6)

STATEMENT CONTINUED ON ADDITIONAL PAGES

☒ NO☐ YES. # of additional pages: \_\_\_\_\_

## AFFIDAVIT

I, X (b) (6), have read or have had read to me this statement which begins on Page 1 and ends on Page 2. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

WITNESS (b) (6), (b) (7)(C)

(Signature of Person Making Statement)

(Typed or Printed Name and Signature)

DLA POLICE @ SUSQUEHANNA PA

(Name of Organization or Home Address)

(Name of Organization or Home Address)

## OATH:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11 day of January, 2018.

at DLA Susquehanna

(b) (6), (b) (7)(C)

Title 5 USC, 303(b)

(Authority to Administer Oaths)

NOTICE: Additional page(s) (b) (6) contain the heading "STATEMENT OF  
AT \_\_\_\_\_ DATED \_\_\_\_\_  
CONTINUED." Each additional page must bear the initials  
of the person making the statement initialed as "PAGE \_\_\_\_\_ OF PAGES."

INITIALS OF PERSON  
MAKING STATEMENT

(b) (6)

PAGE 2 OF 2 PAGES















